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TODD & BOWMAN'S PHYSIOLOGY, TWELVE PAGES.

CLINICS.

Lecture on Clinical Medicine.—By W. R. Basham, M.D., Physician to the Westminster Hospital.

Gentlemen,—There is no branch of medical education which embraces more points of importance than clinical instruction; certainly no other comprehends so much that is specially valuable and applicable to future practice. In the wards of the hospital, at the bed-side of the patient, the elementary sciences of medicine, learnt in the lecture room, are practically illustrated and applied. It is here that the general principles of medicine and surgery are elucidated and explained: it is here only that a true and safe knowledge of disease can be acquired. In the dissecting room, having learnt to recognize the characters of healthy tissues, healthy structures, healthy organs, here the student soon learns to distinguish diseased ones, and to acquire the outlines and principles of general pathology. It is here he first practically comprehends the value and object of etiology — the exponent of the probable causes generating, or in any way tending to produce, disease. Here also the foundation is laid of that important branch of general pathology, semeiology, comprehending in an enlarged sense, all the signs, symptoms, or tokens by which diseased action of one or more organs may be recognized. And, lastly, it is at this period of your studies that the doctrines of therapeutics are made clear and intelligible, and the curative powers of various remedies in the treatment of disease, and their relative value, influence, and utility explicitly determined. It is at the bed-side that the true features of the unmistakable characteristics of disease are truly observed. The quick eye of observation reading for itself in the plain type of nature's page, soon learns to distinguish in the history of diseases, that which is valueless —because imaginary and unreal, hypothetical, and fanciful, from that which bears the stamp of strict observation, and a careful induction from recorded facts.

By a careful and persevering attention to

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clinical study, the student soon acquires a steady confidence in the knowledge he obtains, and a firm reliance on the *means* by which he has acquired it; for he quickly finds, that what he notes, observes, and records for himself, becomes sound, practical, useful knowledge, applicable at all times; a store on which he can depend, and which will supply him with the power to think, reflect, and act, whenever occasion may require.

But these results, the great end and aim of medical education, cannot easily be obtained without some little assistance derived from the experience of others. There are but few that can originate a course of study for themselves, or pursue it unassisted. A little help from those more experienced clears the obscurity of his path, and directs the student by a quicker, a shorter, perhaps an easier, route, to those objects most worthy of his attention,—such as illustrate in the least complicated manner, the ordinary characteristics of disease.

On the part of the student, the first essential to clinical study is his case-book; for without notes of what he sees and observes, —without a record of the cases treated and watched, but little that is useful can be retained or remembered. Without a case-book a student's walk round the wards of a hospital is but an idle lounge. The case-book is necessary, not only to record the history and treatment of hospital cases, but also for the purpose of noting those observations that may be made at the bed-side of the patient, suggested by any special condition or symptom, and which oftentimes illustrate the progress of the case, or tend to explain the operation of a particular remedy, or the principles that may have dictated its administration. The use of the case-book is, however, mainly necessary to record the history of such cases as may be selected for study and observation. The cases are valueless if they be but a transcript from the ward-book; they are then but copies of cases taken by another. Take the history of the case yourself; put it into your own language; you may afterwards compare it with the ward-book, to ascertain if any particular symptom or group of symptoms, necessary to be noted down, shall have been omitted. These observations are especially addressed to those who are now for the first time entering on their clinical studies. It is not to be expected that at first, without some instruction, the history of any given case can be taken in a clear and succinct manner; so arranged in regard to the order of the symptoms, that they bear a distinct and evident connection with some organ or organs as their common centre. A little practice, and the adoption of a certain method and principle upon which all cases are recorded, will soon enable the student to collect a clear and intelligible history; such as will convey to others a picture of what has been seen, or is required to be preserved and recollected.

The attention should at first be confined to acute diseases: they do not require the lengthened narration of predisposing causes, comprised in the previous history, so essential to be recorded in the account of chronic disease. In the acute forms of disease, the symptoms are more expressive; their relation to the diseased organ is more plainly visible, and the diagnosis of the disease consequently easier, and less doubtful. In taking the history of an acute disease, the name, age, and avocation having been recorded, a few preparatory questions will quickly fix the attention upon some organ or set of organs, the probable seat of derangement. But that no symptom that may throw any light on the disease may be omitted, a systematically ordered examination of all the functions and regions of the body should be carefully made, and any departure from the natural condition noted. Thus, after stating in a few words the general appearance of the patient, as to countenance and general aspect, an examination should then be made in the following order:—of the skin, as to temperature and secretion;—of the eyes, as to expression, state of the conjunctiva, pupil, &c.;—of the face in general, if anything remarkable be observed, such as dilatation of the nostrils, &c. &c. Examine the condition of the circulation, the force and character of the pulse, impulse and rhythm of the heart's action, diastolic and systolic murmurs. Of the respiratory system:—by percussion, as to the resonance or dulness of the different regions of the chest; by auscultation as to the respiratory murmurs, vesicular or bronchial; determine the presence, or otherwise, of abnormal sounds in the different lobes, and whether mucous, sibilant, or crepitating rhonchi can be detected; the character of the voice, as heard from the chest—*pectus loquens*, bronchophony, pectoriloquy, or ægophony; record

the frequency or infrequency of cough, whether periodically aggravated, hour or time of day most urgent, or other conditions of aggravation; whether hard and dry, or spasmodic, and accompanied, or otherwise, with expectoration; the character of this excretion, whether aqueous and frothy, mucoid, tenacious, glutinous, or adhesive, sanguinolent, or muco-purulent. Examine the digestive organs; state of the tongue; of the papillæ, whether smooth, clean and moist, or foul, with creamy or furred deposit; its redness or pallor; whether broad, flabby, and exsangueous, or otherwise; whether dry, red, or glazed, or parched, cracked, and scabrous. Examine the external contour of the abdomen; its softness, and elasticity; absence or presence of pain in any region; epigastric, hypochondriac, umbilical, or iliac. Inquire into the sensations during or after digestion; presence or not of cardialgia, of gastrodynia, of acid, aqueous, or flatulent eructations; state of the alvine and urinary excretions; of the former, as to consistence, form, odour, and colour; of the latter, quantity, specific gravity, acidity, or alkalinity, clearness or cloudiness, sedimentitious, or albuminous; if necessary, a microscopical, or chemical examination of the urine may be made. Observe the state of the organs of generation, and record any special circumstance pertaining to them; of those of locomotion; state of the joints, whether enlarged, tumid, or elastic, indurated or sensitive; the character of pains that may be complained of in the limbs, whether constant or intermitting; whether influenced by cold or heat; by motion or rest; by day or night. And lastly, examine the state of the general sensations, in reference to any of these organs, and note down any condition of the intellectual faculties that may tend to elucidate any previously observed derangement. Practice soon enables the skilful inquirer to go over this examination with ease and rapidity; experience quickly detects the particular class of organs requiring special attention; and a few questions respecting the others will readily establish their freedom from disease.

A systematic mode of inquiry like this becomes valuable from the recorded symptoms being grouped in relation to each particular organ, and enables the observer, by subsequent comparison of one with the other, to determine their dependence on one or more common causes.

Our inquiries into the nature, and causes, and symptoms of disease, would bear no pretension to any superiority over the graphic records of past days, were it not for the assistance which pathology derives from the three great aids to modern investigation—the stethoscope, the microscope, and pathological chemistry. The importance of each and all of these in aiding our diagnosis cannot be over estimated. It is not now necessary to urge upon students the necessity for studying closely the physical signs of the lungs and heart by means of the stethoscope; but the assistance that pathology has derived, and continues to derive, from microscopic examination and pathological chemistry, being of more recent origin, requires to be urged on your attention with more emphasis.

The case to which I directed your attention just now in St. Margaret's ward, affords a favourable opportunity for illustrating the value of the microscope, in aiding our diagnosis, and consequently facilitating our means of exhibiting appropriate and successful remedies.

D. S——, aged 26, a single woman, admitted into the Hospital, September 30th, complaining of shooting pain in the lumbar region, attended by nausea. The skin is of natural temperature, but dry and scurfy; the countenance is natural; no cough or any pulmonary symptoms; there is epigastric uneasiness after food, and deficient appetite; tongue clean; bowels open at present, but occasionally constipated; urine limpid, and natural in appearance; no uneasiness during micturition; catamenia regular; pulse 92, natural. There is no pain in the extremities, but she states that the lumbar pain is increased by motion, but not relieved by the recumbent posture; there is no pain on pressure. States that she has been ill for the last fortnight, the darting shooting pain across the loins becoming daily more aggravated, and being now accompanied by occasional retching. She states that she has had much medicine without relief. The urine was examined, but no departure from its ordinary composition could be detected.

She was ordered calomel purges, with saline draughts and colchicum. She was subsequently cupped across the loins, with temporary relief, mercurial purges being occasionally administered, with the object of relieving the tendency to constipation. The

urine continued clear, and with no evident departure from its natural condition.

No relief of any consequence was obtained to her symptoms by these means. The view at first taken was, that this lumbar pain was an ordinary form of lumbago, which, in the majority of instances, being accompanied by, if not dependent on, constipation, would be alleviated so soon as the secretions from the intestines became natural and regular. As there were no erratic pains in the limbs, nor other symptom of a rheumatic character, the possibility of the pain being allied to that disease was not tenable. It was not till a week after admission that her urine began to exhibit some characteristics of derangement, with tenderness in the region of the kidneys. On the 8th of October, it was of a high specific gravity, 1.023, of darker colour, and depositing a sediment after cooling. The sediment was re-dissolved on application of heat, and exhibited the usual characters of the lithate of ammonia under the microscope; and accompanying this deposit were many crystals of the uric acid, occurring in the stellar form, accompanied by some few of the lozenge or acute rhombic shapes. The stellated masses of crystals were those produced apparently by the aggregation of many lamellated lozenges, whose axes lay in varying directions. The cause of the pain now became evident; the formation of uric acid in these minute crystalline aggregations being, for the most part, always attended with these acute lumbar pains.

From the absence of a more copious deposit of uric acid in the form of sand or gravel, as it is commonly called, there is some reason to fear that these crystalline masses may have formed minute calculi, and have become impacted in the pelvis of the kidney. The urgent pain suffered by the patient, and constantly referred to the region of the kidney, is in all probability dependent on this cause, or on that congested condition of these organs always present during the secretion of abnormal quantities of uric acid. The stellated form of crystal which you have just seen in the field of the microscope is peculiarly adapted to excite pain and irritation on any surface over which it may pass. The retching and vomiting which have occurred during the last twenty-four hours suggest also that minute calculi may be irritating either the kidneys or the ureters.

The morbid causes that lead to the formation of uric acid and its compounds in excess, are various. Whenever the cutaneous secretion is suddenly arrested or suppressed, uric acid compounds universally appear in abundance in the urine, the kidneys having thrown upon them the vicarious office of excreting from the blood those nitrogenous elements which should escape through the outlet of the skin. Thus, in ordinary colds, produced by a sudden chill of the surface, the urine becomes sedimentitious, and the urate of ammonia deposited on the cooling of the urine, appears as a copious white, fawn, yellow, or pinkish deposit. Food, rich in nitrogen, more than sufficient to supply the waste of the tissues, causes an increase and deposit of uric acid. Thus, a rich and luxurious diet, especially if combined with habits of indolence, becomes most favourable to the production of this deposit. Some forms of indigestion are accompanied by uric acid deposits. In these cases perfect assimilation of the elements of the food is not effected, and the nitrogenous elements of the ingesta not appropriated, or not perfectly assimilated, escape by the renal excretion in the form of uric acid compounds. In all forms of inflammatory fever, in acute rheumatism, and many other acute diseases, the waste of the body proceeds with rapidity, depending on the disintegration and absorption of the tissues, the balance between the supply and the waste being for the time suspended; the metamorphosis of the tissues proceeding faster than the supply of nutriment. Under these circumstances uric acid becomes developed in abundance. Lastly, local injuries to the loins and kidneys will induce a condition favourable to the appearance of uric acid in excess.

In the case of this woman there is no difficulty in referring the abundance of uric acid compounds to mal-assimilation and imperfect digestion. The uneasy sensation after food, the acid eructations, occasional flatus, torpid and irregular bowels, declare the presence of dyspepsia. Accompanying the dyspeptic symptoms is a condition of the skin, frequently present in certain forms of indigestion, which unquestionably predisposes to the development of azotized products in the urine. Her skin is dry, harsh, and scurfy.

The indications of treatment are based on this view of her symptoms. She has been ordered a hot bath daily, to induce, if possi-

ble, a greater activity in the function of the skin. Mercurial alteratives, so combined as to predispose the cutaneous exhalents to free action, have also been ordered—

R. Hydrargyri cum creta gr. ij; Pulv. ipecac. gr. ss; Extr. Conii gr. iij. Tere simul ut fiat pilula nocte maneque sumenda, and effervescing draughts, with carbonate of potass, together with a farinaceous diet, embrace the treatment at present. The effect produced by it will form the subject of a few observations at our next meeting.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Young Physic.—Ὁ βίος βραχὺς, ἡ δὲ τέχνη μακρή. So says the divine old man of Cos—so in their very motto say the Royal College of Physicians of London—so does not say the editor of the *British and Foreign Medical Review*, in an article, in the present number of that journal, on Hydropathy, in which the "Preissnitzian era" is glorified, and legitimate medicine made to lick the dust; and in which medical men are called "drug doctors," and reproached with a train of "drug diseases." If we adopt the cold-water cure, we are told that "very little experience is necessary to enable an educated medical man to acquire sufficient insight into it for purposes of practice. Many of the best hydropathic physicians have, in the first instance, devoted very many weeks to studying the subject in Germany."

But, seriously, is our medical literature in a way to raise or to depress science and our profession? Are we pursuing courses which are likely to conduct us to a true and steadfast knowledge of diseases and their remedies; or are we wandering among rocks and quicksands? Is sage and scientific medicine in such straits that she must needs cry "Help, help!" to every vain and futile quackery of the hour? Are "we, the heirs of all the ages, foremost in the files of time," to cast dirt upon our fathers' graves, and proclaim ourselves to the world naked, and poor, and ignorant? "Young Physic" would say "Ay" to all this, and, in the first year of his birth in the journal that hatched him, makes unholy alliance with mesmerism, homœopathy, and hydropathy, and shouts, at the top of his voice, "A new Era" is at hand?

We agree with the sentiment of Lord Bacon, when he says, "I hold every man a debtor to his profession;" and would we defend our profession as we would our friend, through good report and evil report; or if we thought of it as some recent writers seem to do, we would honestly relinquish it. But, in truth, our noble profession needs no such defence. It needs but a just system of logic, first, to analyze its evidence, and of ethics next, to estimate it justly—to secure a fair and honourable name and position, in spite of all the calumnies, from the "Fallacies of the Faculty" to "Young Physic," or any other nicknames, which its open or insidious enemies would heap upon it.

It is not less in sorrow than in anger that we draw the attention of the profession to this subject. We must first put a question. What is the object of the designation and details of the "Fallacies of the Faculty"—that, literally speaking, deadly-lively production? Is it not to expose our profession and medical practice to ridicule? And is not the real effect of "Young Physic" precisely the same? If not, in what respect do they differ, excepting in the plainness or in the insidiousness of the terms? Do not the "Fallacies of the Faculty" and "Young Physic" quote the same works, with the same object, or at least the same effect, viz., the degradation of all past medical opinion and practice, not holding sacred even the name of Louis!

The term "Young Physic," especially as introduced, but we trust not received, amongst ourselves, is the worst injury of all, because it comes from a soldier in our camp; as if, forsooth, scientific medicine *could* be "young," could be other than the result of ages of exact observation, and of the efforts of generations of careful, precise, and conscientious observers. No. Medicine must be established, like astronomy, physics, chemistry, all natural truth, and all science, on exact and long-continued observation. From the results of observations, some Kepler, some Newton, in medicine, may one day deduce its laws, its theory. But, like astronomy, the science to which those great names are attached, medicine must, we repeat, be based on observation, and that observation must be cumulative, through time and generations, and must flow, not from the random statements of dishonest quacks, but from the laborious efforts of able, conscientious, and devoted observers amongst the members of the profession.

True medicine can no more be the fruit of homœopathy, of hydropathy, of mesmerism, or of "Young Physic," than astronomy could result from that cheat, astrology; or chemistry from that other cheat, alchemy. What we want is, to deliver medicine now from quackery,—from all the quackeries, even as astronomy was delivered from astrology, and chemistry from alchemy; and who shall dare to say that medicine, the mother of so many sciences, has not enough of truth and knowledge within her to make this the full time for her deliverance from the cheat which has clung to her so unduly long?

That in the course of homœopathy,—that system which allows disease to make its havoc on the internal organs, the springs of health and life, without any strenuous effort to arrest its baneful course; that in the course of hydropathy,—that opposite system of violence, of gambling for health,—that in the course of these follies and trickeries some new facts, and even some good results may occur, we do not deny; but we do emphatically deny that it is honest or honourable to pursue courses so inert on the one hand, and so violent on the other, so replete with hazard and danger on both; or to sanction them, in any manner or degree, for the sake of any such collateral good.

But "Young Physic," a silly phrase at the best, seems to be the quintessence of all the medical follies of the day. No less than five articles are contained in the current number of its organ, under the different nicknames of these quackeries. Alas! for medicine, when such is the character of her literature. We regard all this as the worm at the core, not of our SCIENCE,—nothing can affect that,—but of our reputation in the public mind; and we warn the profession of its inevitable tendencies. Again we are compelled to pronounce the epithet, "Young Physic," most supremely ridiculous. There may be discoveries in medicine: in that respect there may be something *new;* but how, in what way, "young?" Did NEWTON or DALTON make astronomy or chemistry *young?* Advances in science, and in beneficence, as in years, our profession may, and we trust will, make; but become "young," and be cradled in homœopathy and hydropathy, it never can or will. It cannot take quacks and quackery as its supporters; but, advancing in the way of truth and honour, in the spirit of the motto of the College of Physicians, and of all true lovers of medicine, from the humblest acolyte to the most profoundly learned, "Life is short, and Art is long," it will go on to realize more and more the noble escutcheon of the same College, and of the same Faculty,—a human hand, illumined and strengthened by the heaven of science, and stretched forth, under the sun, for the relief of the afflicted. —*Lancet*, Oct. 24, 1846.

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Medical Eras.—Every fresh event is dignified by the name of ERA, now-a-days; we seem to have arrived at the *era* of *eras*. There are the MESMERIAN era, the HAHNEMANNIAN era, the PRIESSNITZIAN era, and at length we have, as we said on a former occasion, the quintessence of all in the FORBESIAN era—not to mention the DICKSONIAN, the MORRISONIAN, the ELLIOTSONIAN, the RASPAILIAN, and others of a kindred spirit. In the midst of the age of eras, why should not *we* lay claim to one? We must do so in self-defence. Ours, then, shall be the ANTI-QUACKERY ERA.

We have begun a task, and will go on with it. We are already in the second year of *our* era. We have devoted one year to this subject, and are willing to devote a life to it, if so be this hydra may be beheaded and seared. But the profession must assist us. They must no longer enact the wagoner calling upon Jupiter; they must put their own shoulders to the wheel.

We have dwelt on the injuries accruing to public morals, public health, and the interests of the profession, from the vices of quackery. We have dwelt, too, upon the numerous modes in which professional men may and do, sometimes inconsiderately, sometimes from questionable motives, second the influence of this social Moloch. We have pointed out some of the evils arising from testimonials in favour of quack nostrums, from the system of prescribing quack medicines, and from the by no means singular evil of medical men appearing as the proprietors of such medicines, and from the system of allowing the most nefarious quacks to take what liberties they please with, and to convert to any vile uses, the names of men known and eminent in the medical profession.

The wrongs wrought at the Royal Society we have exposed, and will expose again. But the profession ought to feel the question as their own, and raise their voice as one

man against such enormities. Now that we are attacking *the quackeries*, exposing the knavery of the duping and the folly of the duped, we emphatically say, let the profession help us, or, rather, let them help themselves, for the cause is their own. Medicine is indeed *militant* in these days, and every true son of medicine should be a soldier in defence of his profession.

But, aided or unaided, we will drive all the *isms*, and all the *eras*, the GENUS of quacks, and the essence and quintessence of quackery, from our good and beneficent profession, into their own regions of darkness and crime, with their own nicknames of "drug doctors" and "drug diseases," for their fiendish consolation; and we beseech every member of our profession to recoil from touching either their works or the works in which they are given shelter, as they would shun the viper, its venom, and its nest; and to shun their very words, terms, and descriptions, as profane and obscene words are shunned by the excellent of the earth.

Wherever labour, effort, talent, originality, striving to raise the status, by raising the science, of our profession, be discovered, let the members of that professian be prompt to express its applause,—let calumny, whether in our conversations, or in our critical labours, cease,—let the dignity of our profession be upheld,—let all wrong, and let all quackery, in it or out of it, be eschewed.

If there be a name in the profession which we ought to revere, it is that of LOUIS; for labour, for probity, for talent, that physician is without a parallel. Did our readers ever peruse the first few pages of the "Examen de l'Examen?" We will one day lay these before them. It is a perfect picture of a great and good man—of a high-minded and conscientious physician. His writings, like his noble physiognomy, have the sternness of inflexible integrity and truth; his heart is filled with the love of mankind, and devotion to his profession. But what shall we say of the LOUIS critics, who are striving to turn his authority against medicine,—striving to prove from him, for instance, that bleeding is of no value in pneumonia, and, therefore, neither in rheumatism, nor in acute inflammation of any kind. Some defender of LOUIS, who shall rescue him from his slanderers, is required. Everywhere we are met with perversions of the facts and results of LOUIS, in favour of quackery, of "nature," of the "vis medicatrix," and the other excuses of quackish empiricism.

To return to OUR *era*. Let us establish a code of ethics,—let us be tender of the reputation of our profession, and of our professional brother—let calumny cease,—let our conduct be ethical, our opinions logical; the former implies every honourable feeling; the latter, laborious research, accuracy, probity, and a profound hatred of all quackery, whatever its parentage or its name, whether within or without the pale of the profession. Let us do justly, foster the right and the truth, repudiate wrong, iniquity, and falsehood, with all slander against our profession, all calumnies, and all nicknames. Let the profession, and let every individual thereof, be true to itself and himself.—*Ibid.*

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Quack Doctors and Medicines. — The Mayor of Lyons has just issued a proclamation that no bills or placards announcing the treatment of any disease by particular individuals, or the sale of any particular medicines, shall be posted on any of the walls of the city, or otherwise exposed to public view; and further, that none of the public newspapers shall insert any such announcement in their advertisements or otherwise. A similar ordinance has been issued in Paris and every city in France.—*Journ. de Chem. Méd.*

[This is certainly the most effectual measure for the suppression of quackery that has yet been devised.]

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Curiosities of Medical Literature.—The following certificate, presented to a sick club by one of its members, who had met with an accident, and was attended by the cowleech whose signature is attached, is published in a late No. of *The Lancet*. The attesting witness is a clergyman of the Church of England, and the surgeon who sent the certificate for publication very justly asks, "Need we wonder that such pests abound when the clergy willingly attest their pretensions?"

"Gentlemen this is to Certefoy That i have attended Josh. Ashmoor Sinc the time of his misfortun And he is verrey promising acording to The time the Bone is Knit and growne Verrey nisely and the arm Stright The Elbo is right in its propre place Yours respectful BRIAN HEATHCOTE

"JAS. ROBERTS, Minr. of Quarnford"

Ibid.

New Sect of Homœopathists.—A new sect of homœopathists has arisen at Vienna. These gentlemen use 2, 4, 8, and 900th dilutions; and, not content with this, what, O reader! thinkest thou that the homœopathists have not only proposed, but carried into practice? Simply this, they permit the patient to smell the remedy—a single globule at a time—and wait four weeks for the action to pass off before they grant another smell! Do these gentlemen take snuff?—*Med. Times*, Oct. 10.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Insensibility during Surgical Operations produced by Inhalation.—Considerable interest has recently been excited by a report which had become current, that some serious operations had been performed in Boston on patients rendered insensible to pain by the inhalation of a newly discovered gas. In the *Boston Medical and Surgical Journal* for November 18th, we find some account of these operations, by Dr. H. J. Bigelow, the more important portion of which we hasten to lay before our readers.

"On the 16th Oct., 1846, an operation was performed at the hospital," Dr. Bigelow states, "upon a patient who had inhaled a preparation administered by Dr. Morton, a dentist of this city, with the alleged intention of producing insensibility to pain. Dr. Morton was understood to have extracted teeth under similar circumstances, without the knowledge of the patient. The present operation was performed by Dr. Warren, and though comparatively slight, involved an incision near the lower jaw of some inches in extent. During the operation the patient muttered, as in a semi-conscious state, and afterwards stated that the pain was considerable, though mitigated; in his own words, as though the skin had been scratched with a hoe. There was, probably, in this instance, some defect in the process of inhalation, for on the following day the vapour was administered to another patient with complete success. A fatty tumour of considerable size was removed, by Dr. Hayward, from the arm of a woman near the deltoid muscle. The operation lasted four or five minutes, during which time the patient betrayed occasional marks of uneasiness; but upon subsequently regaining her consciousness, professed not only to have felt no pain, but to have been insensible to surrounding objects, to have known nothing of the operation, being only uneasy about a child left at home. No doubt, I think, existed in the minds of those who saw this operation, that the unconsciousness was real; nor could the imagination be accused of any share in the production of these remarkable phenomena."

The process of inhalation and its effects are, according to Dr. Bigelow, as follows:—

"A small two-necked glass globe contains the prepared vapour, together with sponges to enlarge the evaporating surface. One aperture admits the air to the interior of the globe, whence, charged with vapour, it is drawn through the second into the lungs. The inspired air thus passes through the bottle, but the expiration is diverted by a valve in the mouth piece, and escaping into the apartment, is thus prevented from vitiating the medicated vapour. A few of the operations in dentistry, in which the preparation has as yet been chiefly applied, have come under my observation. The remarks of the patients will convey an idea of their sensations.

"A boy of 16, of medium stature and strength, was seated in the chair. The first few inhalations occasioned a quick cough, which afterwards subsided; at the end of eight minutes the head fell back, and the arms dropped, but owing to some resistance in opening the mouth, the tooth could not be reached before he awoke. He again inhaled for two minutes, and slept three minutes, during which time the tooth, an inferior molar, was extracted. At the moment of extraction the features assumed an expression of pain, and the hand was raised. Upon coming to himself he said he had had a "first-rate dream—very quiet," he said, "and had dreamed of Napoleon—had not the slightest consciousness of pain—the time had seemed long;" and he left the chair, feeling no uneasiness of any kind, and evidently in a high state of admiration. The pupils were dilated during the state of unconsciousness, and the pulse rose from 130 to 142.

"A girl of 16 immediately occupied the chair. After coughing a little, she inhaled during three minutes, and fell asleep, when a molar tooth was extracted, after which she continued to slumber tranquilly during three minutes more. At the moment when force was applied she flinched and frowned, rais-

ing her hand to her mouth, but said she had been dreaming a pleasant dream, and knew nothing of the operation.

"A stout boy of 12, at the first inspiration coughed considerably, and required a good deal of encouragement to induce him to go on. At the end of three minutes from the first fair inhalation, the muscles were relaxed and the pupil dilated. During the attempt to force open the mouth he recovered his consciousness, and again inhaled during two minutes, and in the ensuing one minute two teeth were extracted, the patient seeming somewhat conscious, but upon actually awaking he declared "it was the best fun he ever saw," avowed his intention to come there again, and insisted upon having another tooth extracted upon the spot. A splinter which had been left, afforded an opportunity of complying with his wish, but the pain proved to be considerable. Pulse at first 110, during sleep 96, afterwards 144; pupils dilated.

"The next patient was a healthy-looking, middle-aged woman, who inhaled the vapour for four minutes; in the course of the next two minutes a back tooth was extracted, and the patient continued smiling in her sleep for three minutes more. Pulse 120, not affected at the moment of the operation, but smaller during sleep. Upon coming to herself, she exclaimed that 'it was beautiful—she dreamed of being at home—it seemed as if she had been gone a month.' These cases, which occurred successively in about an hour, at the room of Dr. Morton, are fair examples of the average results produced by the inhalation of the vapour, and will convey an idea of the feelings and expressions of many of the patients subjected to the process. Dr. Morton states that in upwards of two hundred patients, similar effects have been produced. The inhalation, after the first irritation has subsided, is easy, and produces a complete unconsciousness at the expiration of a period varying from two to five or six, sometimes eight minutes; its duration varying from two to five minutes; during which the patient is completely insensible to the ordinary tests of pain. The pupils in the cases I have observed have been generally dilated; but with allowance for excitement and other disturbing influences, the pulse is not affected, at least in frequency; the patient remains in a calm and tranquil slumber, and wakes with a pleasurable feeling. The manifestation of consciousness or resistance I at first attributed to the reflex function, but I have since had cause to modify this view.

"It is natural to inquire whether no accidents have attended the employment of a method so wide in its application, and so striking in its results. I have been unable to learn that any serious consequences have ensued. One or two robust patients have failed to be affected. I may mention as an early and unsuccessful case, its administration in an operation performed by Dr. Hayward, where an elderly woman was made to inhale the vapour for at least half an hour without effect. Though I was unable at the time to detect any imperfection in the process, I am inclined to believe that such existed. One woman became much excited, and required to be confined to the chair. As this occurred to the same patient twice, and in no other case as far as I have been able to learn, it was evidently owing to a peculiar susceptibility. Very young subjects are affected with nausea and vomiting, and for this reason Dr. M. has refused to administer it to children. Finally, in a few cases, the patient has continued to sleep tranquilly for eight or ten minutes, and once, after a protracted inhalation, for the period of an hour.

"The following case, which occurred a few days since, will illustrate the probable character of future accidents. A young man was made to inhale the vapour, while an operation of limited extent, but somewhat protracted duration, was performed by Dr. Dix upon the tissues near the eye. After a good deal of coughing the patient succeeded in inhaling the vapour, and fell asleep at the end of about ten minutes. During the succeeding two minutes the first incision was made, and the patient awoke, but unconscious of pain. Desiring to be again inebriated, the tube was placed in his mouth and retained there about twenty-five minutes, the patient being apparently half affected, but, as he subsequently stated, unconscious. Respiration was performed partly through the tube, and partly with the mouth open. Thirty-five minutes had now elapsed, when I found the pulse suddenly diminishing in force, so much so, that I suggested the propriety of desisting. The pulse continued decreasing in force, and from 120 had fallen to 96. The respiration was very slow, the hands cold, and the patient insensible. Attention was now of course directed to the

return of respiration and circulation. Cold affusions, as directed for poisoning with alcohol, were applied to the head, the ears were syringed, and ammonia presented to the nostrils and administered internally. For fifteen minutes the symptoms remained stationary, when it was proposed to use active exercise, as in a case of narcotism from opium. Being lifted to his feet, the patient soon made an effort to move his limbs, and the pulse became more full, but again decreased in the sitting posture, and it was only after being compelled to walk during half an hour that the patient was able to lift his head. Complete consciousness returned only at the expiration of an hour. In this case the blood was flowing from the head, and rendered additional loss of blood unnecessary. Indeed the probable hemorrhage was previously relied on as salutary in its tendency.

"Two recent cases serve to confirm, and one I think to decide, the great utility of this process. On Saturday, the 7th Nov., at the Mass. General Hospital, the right leg of a young girl was amputated above the knee, by Dr. Hayward, for disease of this joint. Being made to inhale the preparation, after protesting her inability to do so from the pungency of the vapour, she became insensible in about five minutes. The last circumstance she was able to recall was the adjustment of the mouth-piece of the apparatus, after which she was unconscious until she heard some remark at the time of securing the vessels—one of the last steps of the operation. Of the incision she knew nothing, and was unable to say, upon my asking her, whether or not the limb had been removed. She refused to answer several questions during the operation, and was evidently completely insensible to pain or other external influences. This operation was followed by another, consisting of the removal of a part of the lower jaw, by Dr. Warren. The patient was insensible to the pain of the first incision, though she recovered her consciousness in the course of a few minutes.

"The character of the lethargic state, which follows this inhalation, is peculiar. The patient loses his individuality and awakes after a certain period, either entirely unconscious of what has taken place, or retaining only a faint recollection of it. Severe pain is sometimes remembered as being of a dull character; sometimes the operation is supposed by the patient to be performed upon somebody else. Certain patients, whose teeth have been extracted, remember the application of the extracting instruments; yet none have been conscious of any real pain.

"As before remarked, the phenomena of the lethargic state are not such as to lead the observer to infer this insensibility. Almost all patients under the dentist's hands scowl or frown; some raise the hand. The patient whose leg was amputated, uttered a cry when the sciatic nerve was divided. Many patients open the mouth, or raise themselves in the chair, upon being directed to do so. Others manifest the activity of certain intellectual faculties. An Irishman objected to the pain, that he had been promised an exemption from it. A young man taking his seat in the chair and inhaling a short time, rejected the globe, and taking from his pockets a pencil and card, wrote and added figures. Dr. M. supposing him to be affected, asked if he would now submit to the operation, to which the young man willingly assented. A tooth was accordingly extracted, and the patient soon after recovered his senses. In none of these cases had the patients any knowledge of what had been done during their sleep."

A patent has been taken out for this discovery. This patent, Dr. Bigelow states, bears the name of Dr. Charles T. Jackson, a distinguished chemist, and of Dr. Morton, a skilful dentist of Boston, as inventors—and has been issued to the latter gentleman as proprietor.

We learn from a reliable source that the gas inhaled is pure sulphuric ether.

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National Medical Convention.—The strongest indications are afforded, that the profession throughout the United States will be generally and fully represented in the National Medical Convention, to assemble in Philadelphia on the second Wednesday in May next. The University of Pennsylvania, we rejoice to learn, has acted promptly in the matter, and have appointed Professors Chapman, Jackson and Wood, to represent that venerable institution. This example will stimulate other medical schools to action, which have thus far held back from any participation in the great movement.

The Vermont Medical Society have appointed the following delegates:—Drs.

Charles Hall, C. W. Horton, A. G. Dana and Dyer Story.

The Philadelphia Medical Society have also appointed delegates.

FOREIGN INTELLIGENCE.

Gun-Cotton. — *Xyloidine.* — It is rather more than two months since we inserted a notice of a remarkable chemical discovery reported to have been made by Prof. Schönbein, of Basle. We allude to the preparation of cotton so as to give it fulminating properties, and to render it a safe, inexpensive, and simple substitute for gunpowder. We then announced it as probable that the Professor would give a full account of his alleged discovery at the meeting of the British Association at Southampton. To the surprise and disappointment of all scientific men, this meeting was converted into an advertising medium for the so-called gun-cotton; and the Professor declined to give the least intimation respecting the preparation of the substance, as it was his intention to take out a patent for it, and thus render it a commercial speculation. After the noble example of Sir H. Davy, who declined to patent his safety-lamp, we should have thought scientific men would have hesitated before resorting to the patent laws for a pecuniary remuneration; and we certainly think that the British Association committed a grave error in allowing the subject to be brought publicly forward, when there was no intention, on the part of the alleged inventor, to describe the process by which the gun-cotton was prepared.

Within the last week, public attention has been much directed to the subject. It is reported that the German Diet has conditionally awarded 100,000 florins as a reward to the inventor. The *Athenæum* informs its readers that a hundred weight of the gun-cotton is now on its way from Basle to Woolwich, having been ordered by our government with a view of testing its applicability to heavy ordnance.

In the meantime, although it does not appear that Professor Schönbein had divulged his secret, Dr. Otto, Professor of Chemistry in Brunswick, has addressed a letter to the *Hanoverian Gazette*—since published in the *Times*—in which he states that he was led, from the researches of Pelouze, to infer that the cotton was soaked in nitric acid of a certain strength, washed, and dried. Thus the secret of the gun-cotton became at once public. On the 4th of October, Dr. Otto performed certain experiments with his preparation, the results of which satisfied him that it must be identical with the gun-cotton of Schönbein. At a late meeting of the Academy of Sciences, in Paris, M. Arago gave an account of certain experiments performed with prepared cotton by a M. Morel, the results of which satisfactorily showed that it was capable of forming an admirable substitute for gunpowder; and, with all that enthusiasm which characterizes our Gallic neighbours, M. Arago pictured an army entering on a campaign, with a few bales of cotton and a few gallons of nitric acid, making their own explosive cotton as they required it! M. Morel, it is stated, has secured a patent for France; and, so far as we can ascertain, he has acquired his knowledge of the subject independently of any communication from M. Schönbein. The latest intelligence is, that the last mentioned gentleman has procured a patent for England and her colonies.

Having thus given a slight history of what has transpired publicly on this subject, we now propose to consider how far M. Schönbein has a claim to be regarded as the inventor of gun-cotton, assuming that he employs nitric acid like Dr. Otto and M. Morel.

About six or seven years since, it became pretty generally known to the chemists of England, from the researches of M. Pelouze, that when woody fibre, whether as paper, sawdust, or linen, was saturated with strong nitric acid, washed, and dried, its properties were considerably altered. A principle called *xyloidine* was produced; and the woody fibre, although all the acid was washed out of it, burnt rapidly, and often with explosive violence. We saw this experiment made about six years since; but, from that time, the subject appears to have received from chemists no particular notice, until the alleged invention of Schönbein recalled the attention of Dr. Otto and others to the researches of Pelouze.

In various chemical works published in 1842-3, the action of nitric acid on woody fibre is especially mentioned. Thus, in Turner's Chemistry (ed. 1843, p. 1222), it is stated, in reference to woody fibre, "In strong nitric acid sawdust dissolves; and, on the addition of water, a white insoluble powder is deposited, which contains nitric acid, and explodes when heated." In Graham's Chemistry (ed. 1842, p. 295), the facts are

more explicitly stated, as the following extract will show:—"Nitric acid, in its highest state of concentration, exerts no violent action upon certain organic substances, such as lignin or woody fibre and starch, for a short time, but unites with them, and forms singular compounds. A proper acid for such experiments is procured with most certainty by distilling 100 parts of nitric acid with no more than 60 parts of the strongest oil of vitriol. [These are exactly the proportions recommended by Dr. Otto.] If paper is soaked for one minute in such an acid, and afterwards washed with water, it is found to shrivel up a little, and become nearly as tough as parchment, and, when dried, to be remarkably inflammable, catching fire at so low a temperature as 356°, and burning without any nitrous odour (Pelouze)."

Professor Graham here, it will be seen, gives, in 1842, an outline of Pelouze's discovery, and, by the substitution of cotton for paper, it becomes the so-called discovery of another in 1846!

We shall now give an extract from the Traité de Chimie of M. Dumas. At page 12, tome vi., published in 1843, this author says: "When cloth (either linen or cotton), or a sheet of paper, is soaked for a few minutes in nitric acid of a specific gravity of 1·4, and afterwards washed in water, the xyloidine formed at the expense of a part of the vegetable tissues remains locked up in the fibre, rendering the paper and the cloth impermeable to water, and much more combustible. These properties suggested to M. Pelouze the idea of employing them in the manufacture of cartridges for artillery."*

M. Schönbein may have known nothing of Pelouze's researches: nevertheless, it appears to us clear that Pelouze was the real and original inventor of the process for preparing gun-cotton. His countryman, M. Dumas, informs us that he even announced the plan of applying these substances to the very purpose for which M. Schönbein has taken out a patent.

* Lorsqu'on trempe pendant quelques minutes un morceau de toile ou une feuille de papier dans l'acide azotique à 1·4 de densite, puis ensuite dans l'eau, la xyloidine formée aux dépens d'une partie des membranes végétales, reste interposée et rende le papier et la toile impermeable à l'eau, et beaucoup plus combustibles, propriétés qui ont suggéré à M. Pelouze l'idée d'appliquer ces enveloppes à la confection des gargousses pour l'artillerie.

With respect to the process for preparing this substance, we have found that the acid best adapted for the purpose is that recommended by Pelouze. It is obtained by distilling ten parts of dry nitre with six of sulphuric acid: and it is strictly speaking the acidum nitrico-nitrosum. The cotton wadding should be thoroughly steeped in this acid for about three minutes, then plunged into water, and washed under a current, until litmus paper is no longer reddened by the washings. The cotton should be well squeezed in a cloth—picked out and gently dried before a fire. It requires some time to dry a mass of it thoroughly; since the porous material is very retentive of water. When at all humid it burns slowly and without explosion. When dry it burns suddenly with a bright yellow flame, a feeble detonation, and leaves no residue. Compared with its bulk its explosive properties do not appear remarkable; but when compared with its weight they are greater than those of gunpowder. The explosion is less rapid than that of the fulminating compounds of the metals; but more rapid than that of gunpowder. When well prepared it explodes at a very moderate heat (about 420°), gives off scarcely any visible smoke, and leaves no residue. This substance has a great advantage over gunpowder in the fact that when well prepared the whole of it is dissipated in gas—carbonic acid and nitrogen. With gunpowder there is always a residue of carbon and sulphuret of potassium,—the latter tending to corrode the metal. Experiment only can determine the relative gas-producing powers of the two substances. The gun-cotton may be inflamed over gunpowder without igniting it. There is nothing extraordinary in this: hydrogen may be inflamed in contact with gunpowder without kindling it, and a small quantity of alcohol may be burnt over it with a like negative result. Gunpowder requires a red heat for its ignition, and unless one particle of the mass reaches this temperature it does not explode. There can be no doubt that the gun-cotton explodes at a much lower temperature than gunpowder, and as percussion will produce the same effect as heat, it should be cautiously handled when thoroughly dry.*

* In two experiments since made with a mercurial bath, gun-cotton exploded at 425°; but gunpowder did not explode until the thermometer rose to 545°.

It is altogether a remarkable substance; and may, upon trial, entirely supersede gunpowder. Should this be the case, it may have the effect of rendering nitric acid cheaper and more abundant, since the employment of nitre for the manufacture of gunpowder would be no longer necessary.

We have prepared this substance with the strongest nitric acid 1·52,—with the acid at 1·4, distilled as above stated, and with a mixture of nitric and sulphuric acids; but, according to our experiments, the most certain and satisfactory process is that above described. The cotton is undoubtedly highly oxygenized, and it may be worth inquiring, whether in a highly dried condition it may not be liable, in masses, to spontaneous combustion. It might be hazardous to keep a large store of it completely dried. The presence of a very small quantity of moisture is sufficient to counteract its explosive properties; and as cotton from its porousness is very hygrometric, it will be proper to consider how far this property may interfere with its employment as a substitute for gunpowder. If it be true, as it is reported, that the government have ordered a hundred weight of this substance from Basle, in Switzerland, the cost of transport will far outweigh the cost of the materials. This quantity might have been made at Woolwich under the superintendence of M. Schönbein, and rendered fit for use at a small expense in the course of a few hours.

In conclusion we shall observe, that although we think the merit of the discovery is due to M. Pelouze, yet M. Schönbein deserves credit for having at least called public attention to the subject. He has, however, been the involuntary means of making the practical value of M. Pelouze's researches well known. His secret has transpired in spite of his attempt to conceal it. *Suum cuique.*—*Lond. Med. Gaz.*, Oct. 23, 1846.

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Tannate of Iron in Chlorosis.—M. Benedetti considers that the tannate of iron (ink) is one of the best remedies in the treatment of chlorosis. The dose may be from about eight to thirty grains daily; and the patient commonly recovers in from twelve to twenty-five days.

The tannate of iron employed by him is prepared by dissolving iron filings in dilute sulphuric acid, precipitating by carbonate of soda, so as to obtain a pure carbonate of iron. Forty-four parts of this carbonate, in a state of dry powder, are to be added to nine parts of pure tannic acid, dissolved in boiling water. The mixture is stirred and evaporated until the tannate is obtained as a dark, insipid, uncrystalline compound. It may be given suspended in syrup, or in the form of pills.—*Lond. Med. Gaz.*, from *Gaz. Méd.*, Oct. 10.

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French Medical Students.—By a decree just issued from the University of France, it has been ordered that, after the 1st of November, 1846, all medical students shall undergo an examination at the end of each of the three years of study. In the first year, on physics, chemistry, and natural history; in the second year, on anatomy and physiology; and in the third year, on pathology. There will be three examiners, and four students at each examination. The examinations will take place between the 15th of July and the 1st of August, and any student who fails to satisfy his examiners, cannot again present himself until the following November. Unless he then passes, his ticket for the ensuing quarter will be withdrawn. If again rejected in November, he must resume his studies for a year.—*Ibid.*

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A point of Diagnosis between Rubeola and Scarlatina.—It occasionally happens that there is some difficulty in diagnosing the eruption of scarlet fever from that of rubeola, for in the former affection the rash, instead of being, as it usually is, uniformly diffused, occasionally occurs in minute red points and spots, not unlike those of measles. In such cases, when there is difficulty in deciding which disease a particular patient is labouring under, M. Chomel is in the habit of forming his diagnosis by an examination of the sputa. In rubeola, the sputa are invariably, he says, opaque nummular masses, of a grayish colour, and floating in an abundant liquid. At first sight, they closely resemble the sputa of patients in the second stage of phthisis, yet differ from them in the fact, that the liquid in which they float is turbid and milky, whilst that in which the sputa of phthisical patients float is clear and transparent.—*Lond. Med. Gaz.*, Oct., from *Encyclop. des Sci. Méd.*, March, 1846.

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Galvanic Puncture in Aneurism.—Galvano-puncture has now been used for the treatment of aneurism in eight cases. A

sufficient time has not, however, as yet elapsed to permit us to form a positive opinion as to its real value. Its discovery is claimed by Dr. PETREQUIN, of Lyons, but, it seems, erroneously. In a paper published in Jan., 1832, Mr. B. Phillips adverted to the possibility of applying electricity to the treatment of aneurism, and, at a date we are not acquainted with, operated on a patient at Westminster Hospital for aneurism of the subclavian; but before any result could be obtained, the patient was persuaded to have ligature performed. Mr. Keate, of St. George's Hospital, also applied the method in a case of disease of the carotid artery, and sanguine hopes were entertained, when the patient died from rupture of the aorta. The right subclavian was tied on the 18th of July, 1838, by Mr. Liston, at University College Hospital, in a case which drew from the professor the following remarks:—"Mr. Liston had seen this case six or eight weeks before, at a period when the patient was about entering into another hospital for the purpose of having the tumour treated by galvanism. The mode in which this was conducted consisted in *the passing of large needles through the tumour; to these needles wires were attached which communicated with a galvanic battery.* It was said that one case of aneurism had been cured by this mode of treatment, and in this case the tumour had become firmer for a time; soon, however, the application ceased to exert any influence, and the tumour began again to increase in size. The man got tired of the proceeding, and made application to University College Hospital." Neither the first indication of the method nor its first application belongs therefore to M. Petrequin, who employed it for the first time, and successfully, on the 4th of August, 1845, in a case of traumatic aneurism of the temporal artery. As to the advantages of the operation over ligature, considerable doubt may be entertained, for two reasons—1. Because gangrene of the skin has been already three times produced by the action of the galvanic fluid; and mortification of the envelopes of an aneurism is, it will be acknowledged, far from desirable. 2. Because in M. Petrequin's case of brachial aneurism, and in two of the cases of popliteal tumour, the arteries do not appear to have been permanently obliterated—a circumstance which must of course warrant a certain degree of anxiety with regard to the solidity of the cure.—*Med. Times*, Oct. 10.

On the Types of Intermittent Fevers.—M. NEPPLE has endeavoured to determine under what circumstances intermittent fevers may manifest a quotidian, tertian, or quartan type. It would appear that the relative frequency of these types varies with the latitude. Out of 3,114 cases of fever treated at Bona and Algiers,—and out of 954 cases treated in the Canton of Monthiel (Ain), the types were as follows:

	Bona and Algiers.	Ain, France.
Quotidian fevers . .	2,181	443
Tertian	901	420
Quartan	32	91

All medical writers who have written on fever, as it exists in northern climates, agree in regarding the tertian as the most common type; while the above facts prove that the quotidian is more frequent in warmer latitudes. The quotidian type, according to M. Nepple, occurs most frequently in warm years, while the tertian form is, on the other hand, most frequent in cold years. The quotidian type of fever appears to be less dependent on marsh miasmata than on accessory circumstances.—*Gaz. Méd.*, from *Lond. Med. Gaz.*, Sept. 1846.

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Progress of Cholera.—News received from Teheran up to the 19th ult. inform us that the cholera had lost much of its severity in that town, but that it was spreading in two different directions—towards the east and towards the south. It was making great ravages at Kavine and Zenginan, and at the same time at Koum and Cachan. At Tauris the appearance of the scourge was daily expected, and it was even affirmed that it had appeared within forty leagues of the town. The ravages at Teheran had been on the whole less severe than they were in 1835.—*Med. Times*, Oct. 10.

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London Phrenological Society—This society has ceased to exist, and its property has been sold.

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Obituary Record.—Died, at Edinburgh, on the 11th of October, Dr. JOHN THOMSON, late Professor of General Pathology in the University of Edinburgh, aged 81 years.

——, at Paris, Dr. AUGUSTE BERARD, Professor of Clinical Surgery in the Faculty of Medicine at Paris.

——, at Paris, CHARLES DEROSNE, a member of the Royal Academy of Medicine, well known by his researches in organic chemistry.

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